

<i>SERFF Tracking Number:</i>	<i>NYGA-126391661</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44143</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A08G Group Annuities - Unallocated</i>	<i>Sub-TOI:</i>	<i>A08G.001 Funding Agreement</i>
<i>Product Name:</i>	<i>FA-R-FA-1-APP-(Rev.)</i>		
<i>Project Name/Number:</i>	<i>Group Funding Agreement Rider/</i>		

Filing at a Glance

Company: New York Life Insurance Company	SERFF Tr Num: NYGA-126391661	State: Arkansas
Product Name: FA-R-FA-1-APP-(Rev.)	SERFF Status: Closed-Approved-	State Tr Num: 44143
TOI: A08G Group Annuities - Unallocated	Closed	
Sub-TOI: A08G.001 Funding Agreement	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Author: Laura Stoll	Reviewer(s): Linda Bird
	Date Submitted: 11/19/2009	Disposition Date: 11/23/2009
		Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: On Approval		
State Filing Description:		

General Information

Project Name: Group Funding Agreement Rider	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 10/28/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association, Trust
Filing Status Changed: 11/23/2009	Explanation for Other Group Market Type:
Deemer Date:	State Status Changed: 11/23/2009
Submitted By: Laura Stoll	Created By: Laura Stoll
Filing Description:	Corresponding Filing Tracking Number:
Re: FA-R-FA-1-APP-(Rev.)	
Group Funding Agreement Rider	

The above-mentioned form is being submitted for use in your jurisdiction on a general basis. This form is new and does not replace any previously filed form.

The purpose of this Rider is to replace the Application Page of Funding Agreement FA-1. Funding Agreement FA-1 was generally filed and approved by the Arkansas Department of Insurance on December 27, 1991.

SERFF Tracking Number:	NYGA-126391661	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	44143
Company Tracking Number:			
TOI:	A08G Group Annuities - Unallocated	Sub-TOI:	A08G.001 Funding Agreement
Product Name:	FA-R-FA-1-APP-(Rev.)		
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The Application Page is being replaced in order to add wording that ensures we are making the sale of the Funding Agreement to an accredited investor/qualified institutional buyer.

FA-R-FA-1-APP-(Rev.) was approved by the New York State Insurance Department on October 28, 2009. The filing fee of \$50.00 has been submitted via EFT.

We would appreciate receiving approval of this form at your earliest convenience. However, if there are any questions or if you need additional information, please contact me at 1-800-695-8744, extension 3284.

Company and Contact

Filing Contact Information

Laura Stoll,	
169 Lackawanna Avenue	973-394-3284 [Phone]
Parsippany, NJ 07054	

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
51 Madison Avenue	Group Code: 826	Company Type:
New York, NY 10010	Group Name:	State ID Number:
(800) 695-8744 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Filing fee for a form is \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	11/19/2009	32173239

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/23/2009	11/23/2009

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Disposition

Disposition Date: 11/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Group Funding Agreement Rider		Yes

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Form Schedule

Lead Form Number: FA-R-FA-1-APP-(Rev.)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FA-R-FA-1-APP-(Rev.)	Policy/Cont Group Funding ract/Fratern Agreement Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			FA-R-FA-1-APP-(Rev.).pdf



New York Life Insurance Company

A Mutual Company Founded in 1845

51 Madison Avenue, New York, NY 10010

FUNDING AGREEMENT RIDER

**Holder of Funding
Agreement:**

ABC COMPANY

Agreement Number:

FA-xxxxxx

Rider Number:

1

Effective Date:

October 1, 2009

New York Life amends this Funding Agreement as follows as of the Effective Date:

1. The page numbered FA-App of the Funding Agreement, as constituted immediately prior to the Effective Date, is hereby deleted and replaced with the attached page numbered FA-1-APP-(Rev.).

All provisions and conditions of the Funding Agreement not inconsistent with the provisions and conditions of this Rider will remain in effect.

President

Secretary

Countersignature

Application

[ABC COMPANY] whose Main Office Address is [100 Main Street, Anywhere, USA 12345] hereby makes application to New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, for Funding Agreement No. [FA-xxxxx], the terms of which are hereby approved and accepted by the Holder of this Agreement to take effect on the Effective Date specified in the Agreement.

It is agreed that this Application supersedes any application for this Agreement previously signed by the Holder of this Agreement.

ACKNOWLEDGMENTS. The Holder of this Agreement acknowledges and agrees that:

- * this Agreement has not been and will not be registered under the Securities Act of 1933 or under any applicable state securities laws, and may not be offered, sold or otherwise transferred unless registered thereunder or unless an exemption from registration thereunder is available.
- * this Agreement was not offered or sold to it by any form of general solicitation or general advertising by New York Life Insurance Company.
- * it is acquiring this Agreement for its own account and not with a view to any resale or distribution thereof.
- * it is either an Institutional Accredited Investor or a Qualified Institutional Buyer.
- * it has access to such financial and other information concerning New York Life Insurance Company as it deems necessary to purchase this Agreement.
- * in the normal course of its business, it invests in or purchases securities similar to this Agreement, and it has such knowledge and experience in financial business matters such that it is capable of evaluating the merits and risks of purchasing agreements such as this.

As used in this Agreement, an “Institutional Accredited Investor” is

- (a) an institution that is, or in which each of the equity owners is, an “accredited investor” within the meaning of clauses (a) (1), (2), (3), (7) or (8) of Rule 501 under the Securities Act of 1933 (the “Act”) (provided, that in the case of an investor of the type described in clause (a) (8) of Rule 501, all of the equity owners are accredited investors within the meaning of clause (a) (1), (2), (3) or (7) of rule 501), purchasing for its own account or for one or more accounts, each of which is an Institutional Accredited Investor that is not acquiring this Agreement with a view to any distribution thereof and with respect to each of which the Holder of this Agreement has sole investment discretion, or



(b) a bank (as defined in Section 3 (a) (2) of the Act) or a savings and loan association or other institution (as defined in Section 3 (a) (5) (A) of the Act), in either case acting in a fiduciary capacity with sole investment discretion for an institutional account.

As used in this Agreement, a "Qualified Institutional Buyer" is a qualified institutional buyer as defined in Rule 144A under the Act that is acquiring this Agreement for its own account or for one or more accounts, each of which is a Qualified Institutional Buyer and with respect to each of which the Holder of this Agreement has sole investment discretion.

Executed at _____ Holder of this Agreement

On _____ by _____
(Signature and Title)

Agent: _____

Countersignature: _____
(Resident Licensed Agent Where Required)

This copy is part of the entire Agreement and a duplicate original of this Application is to be returned to New York Life.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	Not applicable to group annuity Funding Agreement rider filing.	
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item:	Application	
Comments:		
The rider is changing the application page of the Funding Agreement. See Form Schedule Tab.		

	Item Status:	Status
		Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	Not applicable to this filing.	
Comments:		